8300 Greensboro Dr. Suite 1200 Tysons, VA 22102 (703) 584-8678 WWW.FCCLAW.COM



Accepted / Filed

JUN 142017

June 14 2017

Federal Communications Commission Office of the Secretary

ORIGINAL

VIA HAND DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W., Room TW-A306 Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: WT Docket No. 10-208

East Kentucky Network, LLC

FCC Form 690 Mobility Fund Phase I Annual Report

SAC(s): 268001, 268004, 268005, 268006, 268007, 268008, 268009, 268010, 268011, 268012, 268013, 268014, 268016, and 268017.

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by East Kentucky Network, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,

Todd Slamowitz

Attachments

No. of Copies rec'd 0

	Fund - §54,1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 In Estimate per Respondent: 18 Hours
<010>	Study Area Code	268001		
<015>	Study Area Name	East Kentucky Network, LLC		A
<020>	Program Year	2017		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		JUN 14 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Fe	deral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
		erre en en establishe en la tradition de la company de	antigation in the state of the	enterminantalistis säänkäminest toi taettoinentaanin minimistä ta
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing	r (Y/N) <040>	•
	<041> Attach a description of the documents fil	led with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	fier Contact Form			FCC Form 690
				Approved by OMB
	Commence of the second			OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		268001	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person ident		7035848678 ext.	
<039>	Contact Email Address - Email Address of person iden	tified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	178607		
<111>	Filing Carrier Name	East Kentucky Netwo	ork, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	ork. LLC	
<113>	Street Address (or PO Box)	10 Technology Trail		
<114>	City	Ivel		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number			
<119>	Email Address	6067912225		
		mhuffman@ekn.com		
611	E			
Contact in	if same as above, indicate in this box	1		
<120>	Name (First, MI, Last, Suffix)	J		
<121>	Filing Carrier Name	Michael Huffman		
<122>	_	East Kentucky Networ	rk, LLC	
	Street Address (or PO Box)	101 Technology Trail	1	
<123>	City	Ivel		
<124>	State	KY		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		<u>. </u>
Authorize	d Agent Information	_		
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Gutic	errez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Drive		
<133>	City			
<134>	State	Tvsons		
<135>	Zip-Code	VA		
		22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7045848696		
<138>	Email Address	tslamowitz@fcclaw.com	m	A 400 AU

(060) Coverage and Performance Report	orm 690
	oved by GMB
OMBC Page 3	Control No. 3060-1185 Fof 8

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
	27 /2016 12 /2016	
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

-268001_Coverage Files-1.zip, -Undriveable Roads-2.zip

Coverage and Performace attachments

<141>

State	County		Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
		\$	ee attach	ed works	neet			

	0		77
Development of Total		Percentage of Total	
Percentage of Total Population Reached by		Road Miles covered	
Service		by Service	

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of	ficer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

, , , , , , , , , , , , , , , , , , , ,		y responsibilities include ensur	ubmit the information reported on behalf of the reporting ing compliance with 47 CFR §54.1009(a)(4) reported to the curate.
Name of Authorized Agent:	Lukas, LaFuria, Gutierrez & S	achs, LLP	
Name of Reporting Carrier:	East Kentucky Network, LLC		
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE		Date: 06/13/2017
Printed name of Authorized Officer or Employe	e: Michael Huffman		
Title or position of Authorized Officer or Emplo	yee: Financial Operations Di	rector	
Telephone number of Authorized Officer or Em	ployee: 6068747550 ext.1164		
Study Area Code of Reporting Carrier: 268001		Filing Due Date for this form:	07/03/2017
Telephone number of Authorized Officer or Em Study Area Code of Reporting Carrier: 268001 Persons willfully making false statements o	n this form can be punished by fine or fo		Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

	authorized to submit the certification on behalf of the reporting	•
ata provided by the reporting carrier; and, to the be	est of my knowledge, the information reported herein is accurate	e.
ame of Reporting Carrier:	East Kentucky Network, LLC	
ame of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
ame of Authorized Agent Employee:	Todd Slamowitz	
tle or position of Authorized Agent or Employee of A	gent FCC Legal Counsel	
elephone number of Authorized Agent or Employee	of Agent: 7035848678 ext.	
tudy Area Code of Reporting Carrier: 268001	Filing Due Date for this form:	07/03/2017

(080) Triba	il Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 5 of 8
		lankiisidesta laikiilista laikiilista k		rage 2 u.o.
<010>	Study Area Code		268001	
<015>	Study Area Name		East Kentucky Netv	ork, LLC
<020> <030>	Program Year Contact Name - Person USAC should contact regarding	this data	2017	
<035>	Contact Telephone Number - Number of person identif		Todd Slamowitz 30> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif			Com
-1.425	State			
<142>	State			
<143>	County			
.4.4.4.	Tribal Land (A) and which STC Co			
<144>	Tribal Land(s) on which ETC Serves			

-1 AES	Tribal Cavaranant Francisco ant Obligation			
<145>	Tribal Government Engagement Obligation	Name of Attached D	ocument (ndf)	
			ocament (i,pay)	
	If your company serves Tribal lands, please select (Yes, I) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	ribai		
	80.0			
		_		
		ſ	Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc	cus on Tribal		
.4.47:	community anchor institutions;	ŀ		
<147>	Feasibility and sustainability planning;	}-		
<148>	Marketing services in a culturally sensitive manner;	}		
<149>	Compliance with Rights of way processes	ļ.		
<150>	Compliance with Land Use permitting requirements	L		
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes	Ī		
<153>	Compliance with Cultural Preservation review processes	s T		

00/10/0010

<154> Compliance with Tribal Business and Licensing requirements.

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
.240:	A. Io I ii D.	
<210>	Actual Completion Date	
<i>-</i> 2115	Punicat Status Description (attack ad)	EKN_PSD_Line 211_KY.pdf
<211>	Project Status Description (attached)	3.6
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	

<218> Network will Support 3G/4G Mobile Service?

O 3G • 4G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

D BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:					
Certification of Officer as to the Accuracy of the Data Reported fo	r Mobility Fund Recipients				
ertify that I am an officer of the reporting carrier; my responsibilities include ensuring the accur est of my knowledge, the information reported on this form and in any attachments is accurate.					
ame of Reporting Carrier:					
gnature of Authorized Officer:	Date				
inted name of Authorized Officer:					
tle or position of Authorized Officer:					
elephone number of Authorized Officer:					
udy Area Code of Reporting Carrier: Filing Due Da	te for this form:				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the	ne Communications Act of 1934 47 U.S.C. 66 502, 503(b), or fine or imprisonment				

e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, under Title 18 of the United States Code, 18 U.S.C. § 1001.

|--|

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: 268001 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf	of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients or reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information	· · · · · · · · · · · · · · · · · · ·
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP	
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268001 Filing Due Date for this form:	07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Ac 18 of the United States Code, 18 U.S.C. § 1001.	ct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
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<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<=1>	<92>	(433 2	<b1></b1>	<b2></b2>	<653>	<c1></c1>	sc2>	ec3>	(4)
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ку	Breathitt	T21025920600	0	0	0	50.1	38.57	38.57	Yes
			, , , , , , , , , , , , , , , , , , ,			50.1	36.57	30131	
					-				
<u> </u>									
	4								
						1			
							-		

Percentage of
Total Population
Reached by
Service

0			
-			

Percentage of Total Road Miles covered by Service

77		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund • §54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 an Estimate per Respondent: 18 Hours
<010>	Study Area Code	268004		
	Study Area Name	East Kentucky Network, LLC		Accepted / Filed JUN 14 2017
<020>	Program Year	2017		IIIN a
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Fe	deral Communication
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
		and the second		
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N)	<040>	\odot
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB
		23		OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		268004	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Tolophone Number - Number of person identific		Todd Slamowitz	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifi		7035848678 ext.	
1055	contact Email Address Email Todaless of person racing		tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Networ	ck, LLC	
<113>	Street Address (or PO Box)	101 Technology Trail	L	
<114>	City	Ivel		
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		,
<118>	Fax Number	6067912225		-
<119>	Email Address			
		mhuffman@ekn.com		
Contact In	formation			
contact in	if same as above, indicate in this box			
<120>	Name (First M) Last Suffix)	Michael Huffman		
<121>	PIL - O do- No	East Kentucky Network	k LLC	
<122>	Street Address (or PO Box)		., 220	
<123>		101 Technology Trail Ivel		
<124>	Chala			
<125>	7in Codo	ку		
<126>	Talanhana Number	41642		
	·	6068747550 ext.		
<127>		6067912225		
<128>	Email Address	mhuffman@ekn.com		
Authorized	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Fodd Slamowitz		
<131>	Company	Lukas, LaFuria, Gutie	errez & Sachs, LLP	
<132>	Street Address (or PO Box)	3300 Greensboro Drive	e, Suite 1200	
<133>	City	[vsons		
<134>	Chaha	/A		
<135>		22102		
<136>	_	7035848678 ext.		
<137>		7035848696		
<138>	_	slamowitz@fcclaw.com	n	
-100			· · · · · · · · · · · · · · · · · · ·	

OMB Control No. 3060-1185	(060) Coverage and Performance Report	FCC Form 690
Page 3 of 8		

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

268004_Shape Files_112515.zip

Coverage and Performace attachments

<141>

<a1></a1>	<a2></a2>	<a3></a3>	 	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<q>></q>
State	County	Census Block	Resident Population per	Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	!								
	!				<u> </u>				
			8	ee attach	ed works	heet			
	<u> </u>	<u> </u>			<u> </u>				
-	<u> </u>	<u> </u> -							

	0		93
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certifica	tion Compilance	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 4 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

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Contification of Off	er or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carried form and in any attachments is accurate.	my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on thi	is
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ler Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier							
certify that (Name of Agent)	to submit the information reported on behalf of the reporting						
	carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the						
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent	is accurate.						
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP							
Name of Reporting Carrier: East Kentucky Network, LLC							
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017						
Printed name of Authorized Officer or Employee: Michael Huffman							
Title or position of Authorized Officer or Employee: Financial Operations Director	Title or position of Authorized Officer or Employee: Financial Operations Director						
Telephone number of Authorized Officer or Employee: 6068747550 ext.1164							
Study Area Code of Reporting Carrier: 268004 Filing Due Date for this for	m: 07/03/2017						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communicat under Title 18 of the United States Code, 18 U.S.C. §							

I, as agent for the reporting carrier, certify that I am author	rized to submit the certification on behalf of the reporti	ng carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of r	my knowledge, the information reported herein is accur	ate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268004	Filing Due Date for this form:	07/03/2017

UNEXTRINE		///16/16/16/16/16/16/16/16/16/16/16/16/1		
(080) Tribi	al Lands Reporting			FCC Form 690
		11		Approved by OMB
	一种的工作系统主要 。在1997年			OM8 Control No. 3060-1185 Page 5 of 8
		anernesuesues (1800-1914)(1807)(180		
<010>	Study Area Code		268004	
<015>	Study Area Name Program Year	· · ·	East Kentucky Netv	ork, LLC
<030>	Contact Name - Person USAC should contact regarding	this data	2017 Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identif	ied in data line <	030> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identification	fied in data line <	<030> tslamowitz@fcclaw.	com
<142>	State			
-1.425	Country			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	,,			
<145>	Tribal Government Engagement Obligation			
		Name of Attached	l Document (.pdf)	
	Marine and the state of the sta			
	If your company serves Tribal lands, please select (Yes, leach of these boxes to confirm the status described on		le) tor	
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
				•
			Select	
<146>	Needs assessment and deployment planning with a foc	us on Tribal	(Yes, No, Not Applicable)	
	community anchor institutions;	us on Hibdi		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements		-	
<151>				
	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	1		

<154> Compliance with Tribal Business and Licensing requirements.

090) Projec	Update Information	FCC Form 690. Approved by OM8
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of For attached)
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	,
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	
<217>	Project Plan Status	
~21//	Toject Hair Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF: Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/12/2017 Page 7

(102) Certification - Agent / Carrier Approved by OMB: OMB Control No. 3050-1185 Page 8 of 8

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sa also certify that I am an officer of the reporting carrier; my responsi agent; and, to the best of my knowledge, the reports and data provi	bilities include ensuring the accuracy of the data reporting requirements provided to the authorized
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs	, LLP
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/13/2017
Printed name of Authorized Officer: Michael Huffman	
Title or position of Authorized Officer: Financial Operations Dir	ector
Telephone number of Authorized Officer: 6068747550 ext.1164	
Study Area Code of Reporting Carrier: 268004	Filing Due Date for this form: 07/03/2017

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier							
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients o reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information	· · ·						
Name of Reporting Carrier: East Kentucky Network, LLC							
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP							
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017						
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP							
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel							
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.							
Study Area Code of Reporting Carrier: 268004 Filing Due Date for this form:	07/03/2017						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001.							

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1></a1>	482>	<435	<b1></b1>	<b2></b2>	<63>	<:D>	<c2></c2>	*£3 ×	<d>>d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ку	Floyd	T21071920700	0	0	0	38.14	35.47	35.47	Yes
							-		
									.,
			ļ <u> </u>						
									.
	<u> </u>								
							-		

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

93		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	Fund - 554,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Ayg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268005	10-
	Study Area Name	East Kentucky Network, LLC	Accepted / File
<020>	Program Year	2017	JUN 14 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commissis
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035858678 ext.	or the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 fili	ng (Y/N) <040>
	<041> Attach a description of the documents fil	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cou	ver tribal lands? Yes or No)	\bigcirc \bigcirc

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
				F985.5.W.9
<010>	Study Area Code		268005	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identi Contact Email Address - Email Address of person ident		7035858678 ext.	
<039>	Contact Email Address - Email Address of person ident	ined in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	rk, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai	1	
<114>	City	Ivel		
<115>	State	KY		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068757550 ext.		
<118>	Fax Number	6067912225		:
<119>	Email Address	mhuffman@ekn.com		
		HITCH THAT GOTT COM		
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trail		
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068757550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com	-	
		indicate the state of the state		
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Guti		
<132>	Street Address (or PO Box)	8300 Greensboro Driv	ve, Suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.co	om	

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8
	7 agg 9 v 7 a

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

-268005_Coverage Files-1.zip, -Undriveable Roads-2.zip

Coverage and Performace attachments

<141>

<a1></a1>	ca2>	Resident Population per	Resident Population Newly Reached by Service	Total Resident Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			see attach	ed works	heet			
			Jee allaci	CG WOIRC				

]	0		89
Percentage of Total Population Reached by		Percentage of Total Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification	ompliance	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Em	nployee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting carrier; my respondant form and in any attachments is accurate.	nsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	ine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 3 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP	is authorized to submit the information reported on behalf of the reporting ponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and data provided to	poisibilities include ensuring compliance with 47 CFR 994.1009(a)(4) reported to the o the authorized agent is accurate.
lame of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs	, LLP
lame of Reporting Carrier: East Kentucky Network, LLC	
ignature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017
rinted name of Authorized Officer or Employee: Michael Huffman	
itle or position of Authorized Officer or Employee: Financial Operations Direct	or
elephone number of Authorized Officer or Employee: 6068747550 ext . 1164	
tudy Area Code of Reporting Carrier: 268005 Fili	ng Due Date for this form: 07/03/2017

Certification of Agent Author	zed to File Compliance with 47 CFR §54.1009(a	a)(4) on Behalf of Reporting Carrier
		rting carrier; I have provided the data reported herein based or
ta provided by the reporting carrier; and, to the best of	my knowledge, the information reported herein is according	urate.
me of Reporting Carrier:	East Kentucky Network, LLC	
ime of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
nature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
me of Authorized Agent Employee:	Todd Slamowitz	
le or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
lephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
udy Area Code of Reporting Carrier: 268005	Filing Due Date for this form:	07/03/2017

380) Triba	l Lands Reporting			FCC Form 690	
			and the second second	Approved by OMB	
		Strange Contract		OMB Control No. 3060-1185	
				Page 5 of 8	
<010>	Study Area Code		268005		
<015>	Study Area Code Study Area Name		East Kentucky Network, LLC		
<020>	Program Year		2017		
<030>	Contact Name - Person USAC should contact regarding to	his data	Todd Slamowitz		
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030)> 7035858678 ext.		
<039>	Contact Email Address - Email Address of person identifi	ed in data line <03	0> tslamowitz@fcclaw.com		
4.45	•				
<142>	State				
-1125	County				
<143>	County				
			•		
<144>	Tribal Land(s) on which ETC Serves				
	-				
<145>	Tribal Government Engagement Obligation				
\143 >	The dovernment Engagement Obligation	Name of Attached Do	ocument (.pdf)		
		•			
	If your company serves Tribal lands, please select (Yes, N	No. Not Applicable	for		
	each of these boxes to confirm the status described on t		, 101		
	PDF, on line 145, demonstrates coordination with the T				
	government pursuant to § 54.1004 includes:				
			Select		
			(Yes, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a foc				
	community anchor institutions;	-			
<147>	Feasibility and sustainability planning;	L			
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes	Ī			
<150>		ļ			

<151> Compliance with Facilities Siting rules

<152> <153> Compliance with Environmental Review processes

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

090) Project	Update information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		(Alama of DD5 attacked)
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	/
<214>	Status of Network Deployment - Constitution Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	- ' -
/-	· · · · · · · · · · · · · · · · · · ·	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?	36 6 46

(101) Certification - Reporting Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier, my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: 268005 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
, , , , , , , , , , , , , , , , , , , ,	•				
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier: East Kentucky Network, LLC					
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017				
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP					
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel					
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.					
Study Area Code of Reporting Carrier: 268005 Filing Due Date for this form: 07/6	03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 193- 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<al></al>	<92 >	<a3></a3>	< 01>	<b2></b2>	<63>	<cl></cl>	ćc2>	43 >	<db< th=""></db<>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Błock	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
KY	Floyd	T21071920900	0	0	0	8.28	7.37	7.37	Yes
				-					
								<u> </u>	
							<u></u>		
						·		<u> </u>	
		-				·			
		-				:			
				···					
									<u>,</u>
						· .			
								··········	

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

89			

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	/ Fund - §54.1009 Annual Reporting llection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	268006		
<015>	Study Area Name	East Kentucky Network, LLC		Accepted / Filed
<020>	Program Year	2017		
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Fe	JUN 1 4 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		deral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
		In the state of the second	MARIAN SELECTION SELECTION	1889 A. A. A. A. S.
<040>	Has the information required pursuant to §54.1009		1 <040> O	•
	<041> Attach a description of the documents fil	led with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
	<042> Cite the Study Area Code (SAC) for the Fo	on toporting	\U+2/	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
eneral succession and			ti in takka ne nesiti tau meni taabah sini nation en meneri kalilik keluluk 1900 silik keluluk 1908.	ettiatus vairotuvittatta siiristatta kortuutiin siirista kasti ka
<010>	Study Area Code		268006	
<015>	Study Area Name		East Kentucky Network, LLC	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding	thic data	2017	
<035>	Contact Telephone Number - Number of person identi		Todd Slamowitz 7035848678 ext.	
<039>	Contact Email Address - Email Address of person ident		tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	•
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trail		
<114>	City	Ivel		
<115>	State	KY		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number			
<119>	Email Address	6067912225		
		mhuffman@ekn.com		
Contact In	formation			
Contact III	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	** 1 1 2 5 5		
<121>	Filing Carrier Name	Michael Huffman East Kentucky Networ	-k IIC	
<122>	Street Address (or PO Box)			
<123>	City	101 Technology Trail		
<124>	State	Ivel		
<125>	Zip-Code	КУ		
<126>		41642		
	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		W
				-
Authorized	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Gutie	errez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Drive	e, Suite 1200	
<133>	City	Tysons		
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number			
<138>	•	7035848696	n	
/130 >	Email Address	tslamowitz@fcclaw.com		

Ap proved by OMB OMB Control No. 3060-1185	(060) Coverage and Performance Report	FCC Form 690
Committee Commit		OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

-268006-2.zip,	-Undriveable	Roads-1.zip	

Coverage and Performace attachments

<141>

State	<a2></a2>	ca3>	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Biock Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			§	ee attach	ed works	neet			

•	0		77
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparab	ility Certification Compliance		FCC Form 690 Approved by (
				No. 3060-1185

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier							
certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authori	zed to submit the information reported on behalf of the reporting						
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the							
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.							
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP							
Name of Reporting Carrier: East Kentucky Network, LLC							
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017						
Printed name of Authorized Officer or Employee: Michael Huffman							
Title or position of Authorized Officer or Employee: Financial Operations Director							
Telephone number of Authorized Officer or Employee: 6068747550 ext.1164							
Study Area Code of Reporting Carrier: 268006 Filing Due Date for this	form: 07/03/2017						
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	zed to File Compliance with 47 CFR §54.1009(a	a)(4) on Behalf of Reporting Carrier
	•	rting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of a	The state of the information reported nerein is acc	urate.
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 06/12/2017
lame of Authorized Agent Employee:	Todd Slamowitz	
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268006	Filing Due Date for this form:	07/03/2017

08N//8VDH89633				Months (Research
080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
-04.C	Shudu Area Cada		25025	
<010> <015>	Study Area Code Study Area Name		268006 East Kentucky Netwo	rk, LLC
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t		Todd Slamowitz	
<035> <039>	Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identif		205	
10332	Contact Email Address Email Address of person identifi	ica iii data iii e 40	50> tslamowitz@fcclaw.c	Offi
<142>	State			
<143>	County			
-1115	Tribal Land(s) on which ETC Sonus			
<144>	Tribal Land(s) on which ETC Serves			
		•		
<145>	Tribal Government Engagement Obligation			
		Name of Attached L	Document (.pdf)	· · · · · · · · · · · · · · · · · · ·
	If a warmen and Table leads along place (Van I	Na Nat Ameliaable	-\ f	
	If your company serves Tribal lands, please select (Yes, leach of these boxes to confirm the status described on		e) for	
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
			Calant	
			Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal	(163, No, Not Applicable)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	s		

Compliance with Tribal Business and Licensing requirements.

<154>

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
		EKN PSD Line 211_KY.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	1
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
∠210 ∖	Notwork will Support 36/46 Mobile Service 3	\ 2C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

(101) Certification - Reporting Carrie			FCC Form 690 Approved by OMB
			OMB Control No. 3060-1185
		<u> </u>	Page 7 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier Approved by OMB OMB-Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: Filing Due Date for this form: 07/03/2017 268006 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting C	Carrier: East Ken	tucky Network, LLC		
Name of Authorized	Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP		
Signature of Authoriz	zed Agent or Employee of Ag	ent: CERTIFIED ONLINE	Date: 06/12/2017	
Name of Authorized	Agent Employee:	Lukas, LaFuria, Gutierrez & Sachs, LLP		
Title or position of Au	uthorized Agent or Employee	of Agent FCC Legal Counsel		
Telephone number o	of Authorized Agent or Emplo	yee of Agent: 7035848678 ext.		
Study Area Code of R	Reporting Carrier: 268006	Filing Due Date for this form:	07/03/2017	
Persons willfu	ully making false statements on	this form can be punished by fine or forfeiture under the Communication 18 of the United States Code, 18 U.S.C. § 100	is Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title	

Attachments

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Certify that **Total Road** Coverage and Road Miles **Total Resident** Resident Miles Performacne per Census Population **Road Miles** Resident Population covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census **Census Block** (yes/no) Census Block by Service Service Block Reached Census Block State County Harlan T21095970100 Yes 32.32 0 0 41.98 32.32 KY

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service 77

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54.1009 Annual Reporting Jection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 on Estimate per Respondent: 18 Hours
	Study Area Code	268007		Accepted / Filed
<015>	Study Area Name	East Kentucky Network, LLC		
<020>	Program Year	2017		JUN 142017
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz		ederal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		
			\$4850.52///////////////////////////////////	HAMALIKANIAN MARKATINAN MARKATAN
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		<040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov.	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

				FCC Form 690
(050) Carri	er Contact Form			Approved by OMB
				OMB Control No. 3060-1185
			Section 1997	Page 2 of 8
4344) 4345 4345 4445 4445 4445 4455 4455 4455 4455 4455 4455 4455 4455 4455 4455				
<010>	Study Area Code		268007	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t		Todd Slamowitz	
<035> <039>	Contact Telephone Number - Number of person identific Contact Email Address - Email Address of person identifi		7035848678 ext.	
10392	Contact Email Address - Email Address of person identifi	ed in data line 40502	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo	rk, LLC	
<113>	Street Address (or PO Box)	101 Technology Trai		
<114>	City	Ivel		
<115>	State	ку		
				
<116> <117>	Zip-Code	41642		
	Telephone Number	6068747550 ext.		
<118>	Fax Number Email Address	6067912225		
<119>	Email Address	mhuffman@ekn.com		
Contact In	<u>formation</u>			
	if same as above, indicate in this box		•	
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trail	1	
<123>	City	Ivel		
<124>	State	ку		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number			
<128>	Email Address	6067912225		
\120 >	Elligii Address	mhuffman@ekn.com		
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Guti	ierrez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Driv	ve, Suite 1200	
<133>	City	Tysons		
<134>	· ·			
<135>	•	VA 22102		
	· ·	7035848678 ext.		
<136>	Telephone Number			
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.co	JII	

(060) Coverage and Performance Rep	at a second second	FCC Form 690 Ap proved by ON	VIB.
		OMB Control No Page 3 of 8	3060-1185

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

268007_Combined Zip KY.zip, 268007_CPRe_PropStudy_KY.zip, 268007_EKN Undriveable Road explanation.zip

Coverage and Performace attachments

Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census covered Performance data	
Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block	ta
\$ee attached worksheet	

Percentage of Total	
Road Miles covered	
by Service	
	Road Miles covered

(070) Urban Rate Comparability Certification	on Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010> Study Area Code	268007	

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)		
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
Certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP	is authorized to submit the information reported on behalf of the reporting		
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports and data provided	to the authorized agent is accurate.		
Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sac	hs, LLP		
Name of Reporting Carrier: East Kentucky Network, LLC			
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 06/13/2017		
Printed name of Authorized Officer or Employee: Michael Huffman			
Title or position of Authorized Officer or Employee: Financial Operations Dire	ector		
Telephone number of Authorized Officer or Employee: 6068747550 ext.1164			
Study Area Code of Reporting Carrier: 268007	Filing Due Date for this form: 07/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

, as agent for the reporting carrier, certify that I am author			ovided the data reported herein based o
lata provided by the reporting carrier; and, to the best of n		ate.	
lame of Reporting Carrier:	East Kentucky Network, LLC		
lame of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP		
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		Date: 06/12/2017
lame of Authorized Agent Employee:	Todd Slamowitz		
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
elephone number of Authorized Agent or Employee of Age	nt: 7035848678 ext.		
tudy Area Code of Reporting Carrier: 268007	Filing Due Date for this form:	07/03/2017	

(080) Triba	l Lands Reporting			FCC Form 690
			and the second	Approved by QMB
	A CONTRACT OF THE PARTY OF THE			OMB Control No. 3060-1185
				Page 5 of 8
.010	Short Area Code			
<010> <015>	Study Area Code Study Area Name		268007 East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t	his data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <03		
<039>	Contact Email Address - Email Address of person identif	ied in data line <03	30> tslamowitz@fcclaw.com	
4.40	•			
<142>	State			
<143>	County			
11432	-			
	- W			
<144>	Tribal Land(s) on which ETC Serves			
				"
<145>	Tribal Government Engagement Obligation			
		Name of Attached D	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, I) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:	TIDAI		
	8			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo			
	community anchor institutions;			
<147>	Feasibility and sustainability planning;	ļ		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes	[
<150>	Compliance with Land Use permitting requirements			
		· ·		
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 6 of 8

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

FCC Form 690	á
FULCUIN 000	â
101) Certification - Reporting Carrier Approved by OMR	Ž.
Approved by OMB	â
	ă
OMB Control No. 3060-1185	a .
7-2-10	â
Page 7 of 8	â
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		268007
<010>	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

O BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:		
Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.		
lame of Reporting Carrier:		
ignature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
itle or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Cicphone number of fluctuations of the city		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can	h be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment	

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page R of B
	1/48-30/19

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/13/2017

Printed name of Authorized Officer: Michael Huffman

Title or position of Authorized Officer: Financial Operations Director

Telephone number of Authorized Officer: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268007

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLC

Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/12/2017

Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP

Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268007 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne per Census Population **Road Miles** Population covered per data is uploaded Block Newly Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Block Reached Service County Harlan Census Block Census Block State T21095971000 Yes 64.9 0 64.9 0 80.13 ΚY

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

31			

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	Fund §54,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	268008	
<015>		East Kentucky Network, LLC	Accepted / Filed
<020>	Program Year	2017	JIIN 1 x 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Communications
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commissi Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
1111/m#1990018			in seksimin muunima 1984kki. Keekse seksimin keekse seksimin muunima maan maan muun 1986 kee
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y)	<u>(N)</u> <040>
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	rer tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	ier Contact Form			FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 2 of 8
<010> <015>	Study Area Name		268008	
<020>	Study Area Name Program Year		East Kentucky Network, LLC 2017	
<030>	Contact Name - Person USAC should contact rega	rding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person in		7035848678 ext.	
<039>	Contact Email Address - Email Address of person i	dentified in data line <030>	tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	1786607		
<111>	Filing Carrier Name	East Kentucky Netwo	rk. LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Netwo		
<113>	Street Address (or PO Box)	101 Technology Trai		
<114>	·	Ivel		
	City			
<115>	State	ку		
<116>	Zip-Code	41642		
<117>	Telephone Number	6068747550 ext.		
<118>	Fax Number	6067912225		
<119>	Email Address	mhuffman@ekn.com		
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Michael Huffman		
<121>	Filing Carrier Name	East Kentucky Networ	rk, LLC	
<122>	Street Address (or PO Box)	101 Technology Trail	<u> </u>	
<123>	City	Ivel		
<124>	State	KY		
<125>	Zip-Code	41642		
<126>	Telephone Number	6068747550 ext.		
<127>	Fax Number	6067912225		
<128>	Email Address	mhuffman@ekn.com		
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz		
<131>	Company	Lukas, LaFuria, Guti	errez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Driv		
<133>	, ,			
	City	Tvsons		· · · · · · · · · · · · · · · · · · ·
<134>	State	VA		
<135>	Zip-Code	22102		
<136>	Telephone Number	7035848678 ext.		
<137>	Fax Number	7035848696		
<138>	Email Address	tslamowitz@fcclaw.co	m	

(060) Coverage and Performance Report	FCC Form 690 Ap proved by OMB
	OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

Coverage and Performace attachments

-SAC 268008-Updated Broadband-3.zip, -SAC 268008-Updated-1.zip, -Voice-Undriveable Roads-SAC 268008-2.zip

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				Resident	Total Resident	Miles	Census	covered	Performance data
			Resident	Population	Population	per	Block	per	is uploaded
State	Country	Commun Blook		Newly Reached		Census	Newly	Census	(Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
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	Ct. du Arra Cada	268008
	Study Area Code	East Kentucky Network, LLC
<015>	Study Area Name	2017
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<u> </u>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<035>	Contact Telephone Number - Number of person identified in data line 40205	tslamowitz@fcclaw.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	Columnia

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

this
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Complicertify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibuthorized agent; and, to the best of my knowledge, the reports and data provided to the au	ilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the attended agent is accurate.
ame of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP	
ame of Reporting Carrier: East Kentucky Network, LLC	Date: 06/13/2017
rinted name of Authorized Officer or Employee: Michael Huffman	
itle or position of Authorized Officer or Employee: Financial Operations Director	
elephone number of Authorized Officer of Employees Filing Due	Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture und under Title 18 of the United States	er the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment s Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	ized to File Compliance with 47 CFR §54.1009	a)(4) on Behalf of Re	porting Carrier
as agent for the reporting carrier, certify that I am autho ata provided by the reporting carrier; and, to the best of	orized to submit the certification on behalf of the repo my knowledge, the information reported herein is ac	orting carrier; I have prov curate.	ided the data reported herein based or
ame of Reporting Carrier:	East Kentucky Network, LLC		
ame of Authorized Agent Firm:	Lukas, Lafuria, Gutierrez & Sachs, LLP		Date: 06/12/2017
gnature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		Date: 06/12/2017
ame of Authorized Agent Employee:	Todd Slamowitz		
tle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		
elephone number of Authorized Agent or Employee of Ag	gent: 7035848678 ext		
udy Area Code of Reporting Carrier: 268008	Filing Due Date for this form	1: 07/03/2017	

	•			
80) Triba	Lands Reporting			FCC Form 690 Approved by GMB GMB Control No. 3060-1185
				Page 5 of 8
-010>	Study Aroa Cada		268008	
<010> <015>	Study Area Code Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	is data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified	d in data line <030>	7035848678 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	tslamowitz@fcclaw.com	
<142>	State -			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
1210		Name of Attached Docum	ment (.pdf)	
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	or	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

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FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
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<039>	Contact Email Address - Email Address of person identified in data line <030>	> tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210> <211>	Actual Completion Date Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf {Name of PDF attached}
<212> <213> <214> <215> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	vn
<218>	Network will Support 3G/4G Mobile Service ?	3 G 6 4G

FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
Page 7 of 8

<010>	Study Area Code	268008 East Kentucky Network, LLC
<015>	Study Area Name	
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

O DE COIVIL LETED D' 1112 N.E. CONTROL D' 1112 N.E.				
Certification of Officer as to the Acc	uracy of the Data Reported for Mobility Fund Recipients			
certify that I am an officer of the reporting carrier; my responent of my knowledge, the information reported on this form	ibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the nd in any attachments is accurate.			
lame of Reporting Carrier:				
	Date			
ignature of Authorized Officer:	Date			
Printed name of Authorized Officer:				
itle or position of Authorized Officer:				
elephone number of Authorized Officer:				
	Filing Due Date for this form:			
Study Area Code of Reporting Carrier:				
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

06/12/2017 Page **7**

	25 H 100
	PCC Form 690
(102) Certification - Agent / Carrier	
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting carrier. certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC Date: 06/13/2017 CERTIFIED ONLINE Signature of Authorized Officer: Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Filing Due Date for this form: 07/03/2017 Study Area Code of Reporting Carrier: 268008 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf o	Reporting Carrier
Certification of Agent Authorized to the for Mobility Fund Newspress of Section 1	
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on b eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information re	ehalf of the reporting carrier; I have provided the data ported herein is accurate.
Name of Reporting Carrier: East Kentucky Network, LLC	
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP	
ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/12/2017
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP	
itle or position of Authorized Agent or Employee of Agent FCC Legal Counsel	
elephone number of Authorized Agent or Employee of Agent: 7035848678 ext.	
Study Area Code of Reporting Carrier: 268008 Filing Due Date for this form:	07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

<141>

		268008
:010>	Study Area Code	East Kentucky Network, LLC
:015>	Study Area Name	
:020>	Program Year	2017
220	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<030>	Contact Name - Person OSAC should contact regarding the data line (030)	7035848678 ext.
<035>	Contact Telephone Number - Number of person identified in data line <030>	tslamowitz@fcclaw.com
<039>	Contact Email Address - Email Address of person identified in data line 1000	
	Coverage and Performance Report Year	01/2016 - 12/2016
140>	Coverage and refrontiance report ves	

	<2275	43 >	<b1></b1>	<62>	 d3>	· <61>	<02>	<63 2	<d>> <d>></d></d>
			Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
State	County Harlan	T21095971300					146.70	146.72	Yes
KY			0	0	0	188.1	146.72		
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Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

78		

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

	§54.1009 Annual Reporting		Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours	
Data Col	ection Form			_
<010>	Study Area Code	268009	Accorded / mil	-
<015>	Study Area Name	East Kentucky Network, LLC	Accepted / Filed	Ľ
<020>	Program Year	2017	JUN -1 4 2017	_
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commiss Office of the Secretary	ion
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.		_
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com		_
		en e		M.
<040>	Has the information required pursuant to §54.100	9 been provided with a Form 481 fil	ing (Y/N) <040>	
	<041> Attach a description of the documents fi	iled with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the F	orm 481 reporting	<042>	_]
-090	Tribal Lands Reporting (y/n?) (Does this study area or	over tribal lands? Yes or No)	\cap \bullet	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(NSO) Carri	er Contact Form		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185 Page 2 of 8
			<u> </u>
<010>	Study Area Code	268009	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding the	is data Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030> tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number	1786607	
<111>	Filing Carrier Name	East Kentucky Network, LLC	
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC	
<113>	Street Address (or PO Box)	101 Technology Trail	
		Ivel	
<114>	City	KY	
<115>	State	41642	
<116>	Zip-Code		
<117>	Telephone Number	6068747550 ext.	
<118>	Fax Number	6067912225	
<119>	Email Address	mhuffman@ekn.com	
Contact In	nformation		
_	if same as above, indicate in this box		
<120>	Name (First, MI, Last, Suffix)	Micheal Huffman	
<121>	Filing Carrier Name	East Kentucky Network, LLC	
<122>	Street Address (or PO Box)	101 Technology Trail	
<123>	City	Ivel	
<124>	State	ку	
<125>	Zip-Code	41642	
<126>	Telephone Number	6068747550 ext.	
<127>	Fax Number	6067912225	
<128>	Email Address	mhuffman@ekn.com	
(120/	Email Address	mid I mand of the comments of	
Authorize	ed Agent Information		
	if no agent, indicate in this box		
<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz	
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP	
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200	
<133>	City	Tysons	
<134>	State	VA	
<135>		22102	
		7035848678 ext.	
<136>		7035848696	
<137>		tslamowitz@fcclaw.com	
<138>	Email Address		

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(060) Coverage and Performance Report		FCC Form 690
The complete control of the control		Ap proved by OMB
The second secon		OMB Control No. 3060-1185
		Page 3 of 8

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

268009 Combined Zip KY.zip, 268009 CPRe_PropStudy_KY.zip, EKN Undriveable Road explanation.zip

Coverage and Performace attachments

Percentage of Total

Population Reached by Service

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1>-</b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	≮¢3>	<d>></d>
	State	County		Resident Population per	Resident Population	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
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		-								
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								<u> </u>		
								<u> </u>	<u> </u>	

Percentage of Total

Road Miles covered

by Service

(070) Urb	an Rate Comparability Certification Compliance	FCC Form 590 Approved by OMB OMB Control No. 3050-1185 Page 4 of 8
<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Office	er or Employee as to Compliance with 47 CFR §54.1009(a)(4)			
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize a	in Agent to file Compliance with 47 CFR	§54.1009(a)(4) on Behalf of Reporting Carrier
l certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sa carrier. I also certify that I am an officer or employee of the reporti authorized agent; and, to the best of my knowledge, the reports an	ichs, LLP is authorized to sing carrier; my responsibilities include ensur	submit the information reported on behalf of the reporting ring compliance with 47 CFR §54.1009(a)(4) reported to the
	tierrez & Sachs, LLP	
Name of Reporting Carrier: East Kentucky Netw	work, LLC	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE		Date: 06/13/2017
Printed name of Authorized Officer or Employee: Michael Huffm	nan	
Title or position of Authorized Officer or Employee: Financial Op	perations Director	
Telephone number of Authorized Officer or Employee: 6068747550	ext.1164	
Study Area Code of Reporting Carrier: 268009	Filing Due Date for this form:	07/03/2017
Persons willfully making false statements on this form can be punish	hed by fine or forfeiture under the Communications r Title 18 of the United States Code, 18 U.S.C. § 100:	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment L.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on					
data provided by the reporting carrier; and, to the best of m		ite.			
Name of Reporting Carrier:	East Kentucky Network, LLC				
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP				
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		Date: 06/12/2017		
Name of Authorized Agent Employee:	Todd Slamowitz				
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel				
Telephone number of Authorized Agent or Employee of Ager	nt: 7035848678 ext.				
Study Area Code of Reporting Carrier: 268009	Filing Due Date for this form:	07/03/2017			

UKYUNUNGUNU					
080) Triba	l Lands Reporting				Form 690
					roved by OM8
	The Control of the Co	100			B Control No. 3060-1185
				<u>rag</u>	e5 of 8
<010>	Study Area Code		268009		
<015>	Study Area Name		East Kentucky Networ	rk, LLC	
<020>	Program Year		2017		
<030>	Contact Name - Person USAC should contact regarding		Todd Slamowitz		
<035>	Contact Telephone Number - Number of person identif				
<039>	Contact Email Address - Email Address of person identi	fied in data line <03	0> tslamowitz@fcclaw.co	om.	
-1.425	State				
<142>	State				
<143>	County				
\143 >	County		· · · · · · · · · · · · · · · · · · ·		
<144>	Tribal Land(s) on which ETC Serves				
					1 .
<145>	Tribal Government Engagement Obligation				
		Name of Attached Do	cument (.pdf)	-	•
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable)	for		
	each of these boxes to confirm the status described on	the attached			
	PDF, on line 145, demonstrates coordination with the	Tribal			
	government pursuant to § 54.1004 includes:				
		г			
			Select		
J1465	Name of the second devices and		(Yes, No, Not Applicable)		
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Iribal			
		F			
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;	-			
<149>	Compliance with Rights of way processes	L			
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
-202-		L			

00/10/10010

<152> Compliance with Environmental Review processes

<153>

<154>

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
	,	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf
		•
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	<u> </u>
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	<u>✓</u>
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Study Area Code of Reporting Carrier:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the

best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Filing Due Date for this form:

Page 8 of 8

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 06/13/2017 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.1164 Study Area Code of Reporting Carrier: 268009 Filing Due Date for this form: 07/03/2017 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier: East Kentucky Network, LLC					
Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date : 06/12/2017				
Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP					
Title or position of Authorized Agent or Employee of Agent FCC Legal Counsel					
Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.					
Study Area Code of Reporting Carrier: 268009 Filing Due Date for this form:	07/03/2017				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications A 18 of the United States Code, 18 U.S.C. § 1001.	ct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				